



## **Motel License**

1. Applicant is referred to the Building Inspector and Board of Health to check for compliance with the Zoning/Building requirements and Health Rules and Regulations of their offices
2. License Application/Tax Affidavit, Workers' Compensation is to be filled out and a copy of Workers' Compensation Policy declaration page (showing the policy number and expiration date) submitted to the Selectmen's Office.
3. A Check for **\$50.00** made payable to the **Town of Walpole** for the Motel License fee.
4. Copy of Business Certificate as filed with Town Clerk or a copy of Corporation Papers.
5. Applicant must provide evidence that they have the right to use the property.
6. Board of Selectmen will seek approval/comments from the Police Department, Fire Department, Building Inspector and Board of Health pertaining to the Application.



## **Application for License or Permit**

**Town of Walpole**  
Board of Selectmen's Office  
Tel: 508-660-7277  
135 School Street  
Walpole, MA 02081

Today's Date: \_\_\_\_\_

I \_\_\_\_\_, hereby make application to the  
Board of Selectman of the Town of Walpole, Massachusetts for a

Type of License: **Motel License - Fee \$50.00** (Check made payable to the **Town of Walpole**)

Name of Business License/Permit: \_\_\_\_\_

D/B/A Name: \_\_\_\_\_

Address: \_\_\_\_\_

Business Telephone Number: (     ) \_\_\_\_\_ - \_\_\_\_\_

Days and Hours of Operation: \_\_\_\_\_

Is this your first application for a license/permit? **Y / N**

Is this a renewal of a license/permit? **Y / N**

SIGN YOUR NAME IN FULL: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_

Applicant Telephone Number: (     ) \_\_\_\_\_ - \_\_\_\_\_

EMAIL: \_\_\_\_\_

### **Comments: FOR TOWN USE ONLY**

Police approval Yes ☐ No ☐

Fire approval Yes ☐ No ☐

Approval Date: \_\_\_\_\_

Conditions/Restrictions: \_\_\_\_\_